## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT/(UBR)

## FILED Aug 18, 2003 8:00 am Secretary of State 07-24-2003 90064 007 \*\*\*\*50.00

7/2

1. Entity Nam	MENT # L010000 vitures, ILC	14786				07-24-200	3 90064	007 ***	**50.00	
Principal Place of Business Mailing Address 4895 HIGGINBOTHAM RD. FORT MYERS FL 33905 FORT MYERS FL 33905				<u> </u>		55054331				
2. Principal F	3. Mailing Address	Mailing Address .				englenenske Englenenske				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE	IF MAKING	CHANGES	;	
City & State		City & State							pplied For	
Zip Country		Zip Count		יורy	5. Certificate of Status Desired			\$5.00 Additional Fee Required		
	6. Name and Address of Current F	Registered Agent			7. Name a	nd Address of New R	egistered Ag	ent		j
RICHARDSON, VIKKI A				_Name_						1
489	5 HIGGINBOTHAM RD. RT MYERS FL 33905		Street Addre			s (P.O. Box Number is Not Acceptable)				
10.	ii iii ciid i c dodd									
				City	<del>, - \-</del>		FL	Zip Cod	6	1
9. The above	named entity submits this statement for	the ourness of changing its	conieter	ad office or remi	stored agent, or l	solly in the State of Flor		miliar with	and account	4
the obligat	ions of registered agent.	me portose or crimitging its	i rogister	ed Once of Togs	stored agent, or i	Dui, in the date of the	10g, 10m/g	Illinai Hiui,	and accept	
SIGNATURE .	Signature, typed or printled name of registered agent ar	nd title if applicable. (NOT	E: Registere	id Agent signature req	uired when reinstating)	<del></del>	DATE		<del></del>	}
FILE NOV				FEE IS \$50.0	10					7
• .	•	Make Check Payab		orida Departr By 1, 2003	nent of State					
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES			-
TITLE	MGR	☐ Delete	TITL	E			]	Change	Addition	ୁଞ୍ଚି
NAME Street Address	RICHARDSON, VIKKI A 4895 HIGGINBOTHAM ROAD	-	NAM	EET ADDRESS		•				\ <u>2</u>
CITY-ST-ZIP	FORT MYERS FL 33905			-ST-ZIP						188
TITLE	1 0111 111210 12 00000	Delete	TITU					Change	Addition	CR2E083 (10/02)
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NAME		. Delèra	NAME	,				T PHONDS	☐ Addition	}
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TITLE NAME	•	Delete	TITLE	I		•		) Change	Addition	
STREET ADDRESS		•	•	ET ADDRESS						{
CITY-ST-ZIP	<u> </u>		CITY-	ST-ZIP		·		_		[
indicated:	ertify that the information supplied with the on this report is true and accurate and the company or the receiver or trustee e	nat my signature shall have t	he same	legal effect as i	f made under oat	h: that I am a manaolr	urther certifying member o	that the in manager	formation of the	
	-/1 A A	$\bigcirc$				<u></u>				
SIGNAT	URE: SUMMU	YBYYYYYWW	Pou	2020		7-2	1-03	3	{	
AI-MINI	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE DISCO. Dayling Proce 8									